ROT.706D

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

DECLARATION FOR	R UTILITY OR	Audiney books		Krywiczanin			
DESIGI	N		First Nam a my ntor				
PATENT APPL	ICATION	co	MPLETE IF	KNOWN			
(37 CFR 1	.63)	Application Num	ber				
✗ Declaration	Declaration	Filing Date					
Submitted OR with Initial	Submitted after Initia Filing (surcharge	Group Art Unit	3673				
Filing	(37 ČŘR 1.16 (e)) required)	Examiner Name	Grosz,	Alexander	<i>)</i>		
As a below named inventor, I he	reby declare that:						
My residence, mailing address, an	d citizenship are as state	ed below next to my nam	e.				
I believe I am the original, first and names are listed below) of the sub							
Data and Power Interface for Therapeutic Bed							
<u> </u>	(Title of th	ne Invention)					
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United St	ates Application	on Number or PCT I	nternational		
	L						
Application Number	and was a	mended on (MM/DD/YY)	m		(if applicable).		
I hereby state that I have reviewed amended by any amendment spec			fied specificat	tion, including the cla	aims, as		
l acknowledge the duty to disclose in-part applications, material inform PCT international filing date of the	nation which became ava	ailable between the filing	defined in 37 (date of the pr	CFR 1.56, including rior application and t	for continuation- he national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		py Attached? NO		
PCT/IE02/00085	PCT	6/26/2002		X			
52001/0589	Ireland	6/26/2001		X			
Additional foreign application	numbers are listed on a	supplemental priority dat	a sheet PTO/	SB/02B attached he	reto:		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Num or Bar Code La	OR Cor	rrespondence address below				
Name				-		
Traine .						
Address						
City			State		ZIP	
Country T	elep	hone			Fax	
I hereby declare that all statements made herein of my are believed to be true; and further that these statem made are punishable by fine or imprisonment, or both, validity of the application or any patent issued thereon.	ents , und	were made with	the kr	nowledge that willful fa	alse statements and the like so	
NAME OF SOLE OR FIRST INVENTOR :		A petition ha	as be	en filed for this uns	signed inventor	
Given Name (first and middle [if any]) Wladyslaw H. Family Name or Surname Krywiczanin						
Inventor's Signature W. H. Ily	_				Date J. 3 APRIL 2003	
Residence: City Ringwood		Hampshire State		Country UK	Citizenship UK	
29 Kingfisher Way, North	1 P	oulner				
City Ringwood		Hampsl State	hire	BH24 3LP	Country UK	
NAME OF SECOND INVENTOR:]	A petition has	beer	n filed for this unsig	gned inventor	
Given Name (first and middle [If any]) Christopher T.				y Name Niederkro	om	
Inventor's Chushiph T Neith					Date 4/29/03	
San Antonio Residence: City		TX State	c	US	US Citizenship	
Mailing Address 14002 Cedar Mill						
San Antonio	<u> </u>	TX State	z	78231	US Country	
\mathbf{X} Additional inventors are being named on the $\underline{1}$	supp	olemental Addition	nal Inv	entor(s) sheet(s) PTO/	/SB/02A attached hereto.	

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _3_ of _3_

Name of Additional Joint Inventor, if an	y:	A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Sumame					
Mark		Ве	eard				
Inventor's Signature					Date 25 MAR 2003		
Ferndown Residence: City	Dorset State		UK Country		UK Citizenship		
— 1 Sherford Close, Northmo Mailing Address	Mailing Address Lose, Nest Moors						
Mailing Address			 				
city Ferndown	State Dorse	t	ZIP BH22 OHE	Coun	try UK		
Name of Additional Joint Inventor, if any:			A petition has been fil	ed for t	his unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
David			Whyte				
Inventor's Signature					Date 25-03-2003		
Wareham Residence: City	Dorset State		UK Country		UK Citizenship		
Mailing Address 1 Sherford Close, Northmo	oor Way						
Mailing Address							
Wareham City	State Dorse	et	ZIP BH20 4JL	Co	_{untry} UK		
Name of Additional Joint Inventor, if an			A petition has been file	ed for th	is unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature					Date		
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a	plus sign	(+) inside this box	 +
	F 3	()	

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KRYWICZANIN, Wladyslaw
Title	Data and Power Interface for Therapeutic Be
Group Art Unit	3673
Examiner Name	Grosz, Alexander
Attorney Docket Number	ROT.706D

I hereby appoint:	
Practitioners at Customer Number 000030159 OR Practitioner(s) named below:	Place Customer Number Bar Code Label here
Name	Registration Number
L	
as my/our attorney(s) or agent(s) to prosecute the application ide	ntified above, and to transact all
business in the United States Patent and Trademark Office conne	
Please change the correspondence address for the above-identifi	ed application to:
The above-mentioned Customer Number.	
OR	Place Customer
Practitioners at Customer Number	Number Bar Code Label here
OR	
Firm or Individual Name	
Address	
Address	
City	ate Zip
Country	
Telephone Fa	ax
I am the:	
X Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71	
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO)	
SIGNATURE of Applicant or Assignee	of Record
Name Wladyslaw H. Krywiczanin	
Signature X.W.J.J. Kunn	
Date 13 APRIL 2003	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or forms if more than one signature is required, see below*.	their representative(s) are required. Submit multiple
Total of 4 forms are submitted.	

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please	type	a plus	sign	(+)	inside t	this	pox		+	l
--------	------	--------	------	-----	----------	------	-----	--	---	---

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KRYWICZANIN, Wladyslaw H.
Title	Data and Power Interface for Therapeutic Bed
Group Art Unit	3673
Examiner Name	Grosz, Alexander
Attorney Docket Number	ROT.706D

I hereby appoint:	
Practitioners at Customer Number 000030159 OR Practitioner(s) named below:	Place Customer Number Bar Code Label here
Name	Registration Number
L	
as my/our attorney(s) or agent(s) to prosecute the application in business in the United States Patent and Trademark Office cor	
Please change the correspondence address for the above-iden The above-mentioned Customer Number.	ined application to.
OR	Place Customer
Practitioners at Customer Number	Number Bar Code Label here
OR	
Firm or Individual Name	
Address	
Address	
City	State Zip
Country	
Telephone	Fax
I am the:	
X Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.	71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PT	
SIGNATURE of Applicant or Assign	ee of Record
Name Christopher T. Niederkrom	
Signature Christoph T Victor	
Date 4/29/03	
NOTE: Signatures of all the inventors or assignees of record of the entire interest	or their representative(s) are required. Submit multiple
forms if more than one signature is required, see below*. *Total of _4forms are submitted.	

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KRYWICZANIN, Wladyslaw
Title	Data and Power Interface for Therapeutic Bed
Group Art Unit	3673
Examiner Name	Grosz, Alexander
Attorney Docket Number	ROT.706D

I hereby appo	vint:			
Practitio OR	ners at Customer Num ner(s) named below:	ber 000030159	□	Place Customer Number Bar Code Label here
	Name		Regis	tration Number
	ney(s) or agent(s) to pr	osecute the application ic	dentified abov	e, and to transact all
		and Trademark Office con		
The above OR	the correspondence ad -mentioned Customer I rs at Customer Number		ified applicati	on to: Place Customer Number Bar Code Label here
Firm <i>or</i> Individual N	ame			
Address				
Address				
City			State	Zip
Country				
Telephone			Fax	
Assigne		e interest. See 37 CFR 3. (b) is enclosed. (Form PT		
	SIGNATUR	RE of Applicant or Assign	ee of Record	
Name	Mark Beard			
Signature	1 - 1			
Date	25 M MARCH	2003		
NOTE: Signatures of all forms if more than one	Il the inventors or assignees signature is required, see be	of record of the entire interest	or their represent	tative(s) are required. Submit multiple
Total of 4	forms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please ty	ma a	nlue ein	141	incida	thic	hov	 _
ricase ty	he a	pius sigi	. (.)	HISIGO	นแร	50	T .

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	KRYWICZANIN, Wladyslaw
Title	Data and Power Interface for Therapeutic Bed
Group Art Unit	3673
Examiner Name	Grosz, Alexander
Attorney Docket Number	ROT.706D

I hereby appo	int:							
X Practition	ners at (Customer Number	000030159			Place Cu Number I Label hei	Bar Code	
Name					Registration Number			
		- Admit			7.03101.0			
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number OR Place Customer Number Bar Code Label here								
Firm or Individual Na	ame							
Address								
Address								
City				State		Zip	<u> </u>	
Country								
Telephone				Fax				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	David	Whyte						
Signature	70.0	-owl.						
Date		103/2003,						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Total of 4forms are submitted.								

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.